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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09/829,355		
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$ ____		
TOTAL CLAIMS (37 CFR 1.16(c))		57 minus 20 = *	37	x \$ ____ =	OR x \$ 18 = 710		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		3 minus 3 = *	0	x ____ =	OR x ____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ ____ =	OR + ____ =		
				TOTAL	OR TOTAL 1376		
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* 87	Minus	** 57	= 30	x \$ ____ =	OR x \$ 18 = 540
	Independent (37 CFR 1.16(b))	* 6	Minus	*** 3	= 3	x ____ =	OR x 84 = 252
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ ____ =	OR + ____ =	
				TOTAL		OR TOTAL 792	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ____ =	OR x \$ ____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x ____ =	OR x ____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ ____ =	OR + ____ =	
				TOTAL		OR TOTAL	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ ____ =	OR x \$ ____ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x ____ =	OR x ____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ ____ =	OR + ____ =	
				TOTAL		OR TOTAL	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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